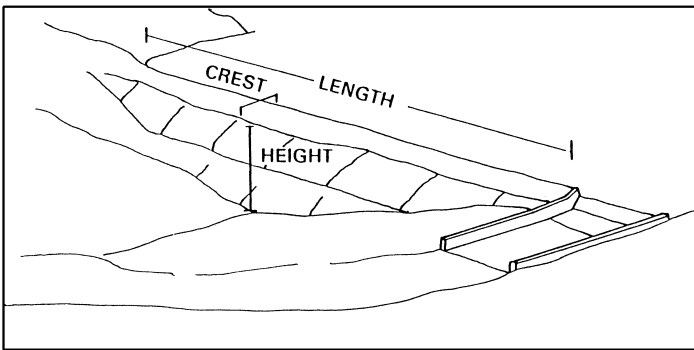




MISSOURI DEPARTMENT OF NATURAL RESOURCES
DAM AND RESERVOIR SAFETY
DAM INVENTORY QUESTIONNAIRE

NAME OF DAM		
OWNER		
OWNER'S ASSOCIATION		
ADDRESS		
CITY	STATE	ZIP CODE
TELEPHONE NUMBER (REQUIRED) ()		
LOCATION OF DAM		
COUNTY		
TOWNSHIP N	RANGE EAST/WEST	SECTION 1/4 1/4
NAME OF ENGINEER		
NAME OF BUILDER OR CONTRACTOR		
TYPE OF DAM (CHECK ALL BOXES THAT APPLY) <input type="checkbox"/> EARTH <input type="checkbox"/> ROCK/FILL <input type="checkbox"/> CONCRETE OR MASONRY <input type="checkbox"/> TAILINGS		
USE OF LAKE (CHECK ALL BOXES THAT APPLY) <input type="checkbox"/> RECREATION (FISHING, SWIMMING, ETC.) <input type="checkbox"/> LIVESTOCK WATERING <input type="checkbox"/> WATER SUPPLY <input type="checkbox"/> CROP IRRIGATION <input type="checkbox"/> INDUSTRIAL		
YEAR DAM WAS BUILT	SURFACE AREA OF LAKE (ACRES)	
DIMENSIONS OF A DAM (FILL IN BLANKS ON SKETCH):		
		
HEIGHT	WIDTH OF CREST	LENGTH OF DAM
PRIMARY SPILLWAY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EMERGENCY SPILLWAY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF PERSON FILLING OUT QUESTIONNAIRE		DATE